
APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name:: William
Family Name:: BACHOVCHIN
Postal Address Line One:: 71 Warwick Road
City:: Melrose
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02176-2109
City of Residence:: Melrose
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Citizenship Country:: United States of America

Inventor Two Given Name:: Barbara P.
Family Name:: WALLNER
Postal Address Line One:: 40B Nichols Road
City:: Cohasset
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02025
City of Residence:: Cohasset
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Citizenship Country:: United States of America

Correspondence Information

Name Line One:: Maria A. Trevisan, Reg. No. 48,207
Name Line Two:: Wolf, Greenfield & Sacks, P.C.
Address Line One: 600 Atlantic Avenue
City:: Boston
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two::
Fax Number: (617) 720-2441
Electronic Mail::

Application Information

Title Line One::	STIMULATION OF HEMATOPOIETIC CELLS IN VITRO
Total Drawing Sheets::	5 (FIGS. 1, 2A, 2B, 2C, 2D, 3, 4A, 4B, 4C)
Formal Drawings?::	Yes
Claims::	25
Application Type::	Utility
Docket Number::	I0248.70015US01

Application Information (continued)

Licensed US Govt. Agency::
Contract or Grant Numbers One::
Contract or Grant Numbers Two::

Representative Information

Representative Customer Number:: 23628

Continuity Information

This application is a::	Non-provisional
Which is a::	Continuation of
Application One::	Non-Provisional
Serial No.::	09/812,528
Filing Date::	March 20, 2001
Status::	Allowed
Which is a::	Continuation of
Application Two::	Non-Provisional
Serial No.::	09/162,934
Filing Date::	September 29, 1998
Status::	U.S. Patent No. 6,258,597, Issued July 10, 2001

Continuity Information (continued)

Which::	Claims benefit of
Application Three::	Provisional
Serial No.::	60/060,306
Filing Date::	September 29, 1997
Status::	Abandoned

Assignee Information:

Assignee name::	Point Therapeutics, Inc.
Street of mailing address::	125 Summer Street, Suite 1840
City of mailing address::	Boston
State or Province of mailing address::	Massachusetts
Postal or Zip Code of mailing address::	02111